

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 58776 3

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1			1	
3		1			1	
4	3		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
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TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	13	11	11	11	11	11
TOTAL CLAIMS	14	12	12	12	12	12

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						